



# Fall Prevention Self-Assessment

Facility Name:

Date:

PROCESS		MET/UNMET	NOTES (Responsible & by when?)
1.	Rounding every 1-2 hours is in place for high risk patients to address the 3 P's.		
2.	Customized interventions are in place for each patient to reduce the risk of fall and injury.		
3.	Pharmacist is involved in a medication review to avoid unnecessary hypnotics and sedatives.		
4.	A multi-disciplinary team addresses fall prevention strategies.		
5.	The family is involved in efforts to prevent falls.		
6.	Post fall huddles are in place.		
7.	Fall rates are measured and calculated as a rate.		
8.	Fall rates are monitored at least quarterly.		
9.	Fall data is reported on a regular schedule to key stakeholders and staff.		
10.	RCA is conducted for any fall with injury.		
11.	Key Processes in the fall prevention program are monitored for compliance.		
12.	Care plan addressing deficits found on the fall risk assessment has been developed and implemented.		
13.	A method is in place to communicate fall risk from shift to shift among all patient care staff.		
14.	Staff are educated at least annually on patient fall prevention.		
15.	Neurological assessments are conducted on patients who have unwitnessed falls or hit their head.		
16.	A unit specific PI project is in place for fall prevention to engage staff in fall prevention.		
17.	Fall risk assessment is done upon admission.		
18.	Fall risk is reassessed daily and upon a change in the patient's condition.		
19.	Interventions to prevent hazards of immobility are in place.		
20.	A method is in place to communicate fall risks to all team members.		
21.	No other issues identified.		